



City of Deltona

Building and Enforcement Services

2345 Providence Blvd, Deltona, FL 32725

Permitting: (386) 878-8650 – (386) 878-8660 – Zoning: (386) 878-8665

Fax: (386) 878-8651 - E-mail: permitting@deltonafl.gov

Permit Number _____

Private Provider Requested: Yes _____ No _____

BUILDING PERMIT APPLICATION

CLEARLY TYPE OR
PRINT IN BLACK OR
BLUE INK

FBC 2020 -7th Edition
NEC 2017

PROJECT LOCATION

PROJECT DESCRIPTION

FLOOD ZONE

PARCEL NUMBER:

Property Owner's Name	Mailing Address (Include City and Zip)	Phone:
	E-mail Address	Fax:
Contractor's Name/ Company's Name/License #	Mailing Address (Include City and Zip)	Phone:
	E-mail Address	Fax:
Architect/Engineer of Record Name/License #	Mailing Address (Include City and Zip)	Phone:
	E-mail Address	Fax:
Roofing Contractor/Company Name/License #	Mailing Address (include City and Zip)	Phone:
Plumbing Contractor/Company Name/License #	Mailing Address (include City and Zip)	Phone:
Gas Contractor/Company Name/License #	Mailing Address (include City and Zip)	Phone:
Electric Contractor/Company Name/License #	Mailing Address (include City and Zip)	Phone:
HVAC Contractor/Company Name/License #	Mailing Address (include City and Zip)	Phone:

PROJECT	AREA	ELECTRICAL	WATER	TYPE	STORIES
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Other Building Construction Type: _____	<input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move TOTAL _____ Sq. Ft.	Panel Size: _____ amp <input type="checkbox"/> FPL <input type="checkbox"/> DUKE	<input type="checkbox"/> Deltona Water <input type="checkbox"/> Volusia County Utilities <input type="checkbox"/> Well Permit No. _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____	<input type="checkbox"/> One Story <input type="checkbox"/> Two Story <input type="checkbox"/> Other: _____
FOUNDATION	PLUMBING	ESTIMATED VALUATION : \$			
<input type="checkbox"/> Mono <input type="checkbox"/> Stem Wall	<input type="checkbox"/> Sewer <input type="checkbox"/> Septic Permit No. _____	<div>Signature of Applicant (Contractor's Signature to be notarized)</div> <div>(Date)</div>			

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledge before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 2021 by _____ who signed with a mark in the presence of these witnesses:

☐ personally known to me or ☐ who has produced _____ (type of identification).

Signature of Notary Public State of Florida (SEAL):

Print, Type or Stamp Name of Notary

The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections you must have the permit number, confirmation number, and the inspection code(s) ready; call 386-575-6900 or 407-936-9999. Inspection requested by 12:00 midnight will be done the next business day.

PERMIT EXPIRATION - Permit expires 180 days from date issued unless otherwise noted below or governed by law.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. *Florida Statue 713 .135*

PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE: _____